

**AMENDED**

**HAWAII STATE ETHICS COMMISSION  
DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)**

<b>NAME (Last, First, Middle)</b> NISHIHARA, Clarence K.	<b>STATE POSITION HELD: (Dept/Div or Board/Commission)</b> State Senator, District 18  <b>TERM OF OFFICE (Begin/End):</b> 11/2/04 / 11/02/08
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**FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN.**  
USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

**ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR**

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	State Legislature (Senate) State Capitol, Room 208 Honolulu, HI 96813	D	State Senator
SP	Hawaiian Electric Company	D	Secretary

☐ Check here if entry is None☐ Check here if additional sheets are attached

**ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES**

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business in or outside of the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

F,SP,DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
	None.			

☒ Check here if entry is None☐ Check here if additional sheets are attached

## ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER
	None.	

☒ Check here if entry is None ☐ Check here if additional sheets are attached

## ITEM 4: CREDITORS

List the name of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods.

F,SP, DC,JT	NAME OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
JT	Washington Mutual Bank P. O. Box 3139 Milwaukee, WI 53201-3139	G	F

☐ Check here if entry is None ☐ Check here if additional sheets are attached

## ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
F	Vice Moderator 94-330 Mokuola Street Waipahu, HI 96797	Vice Moderator	2004-2006	None

☐ Check here if entry is None ☐ Check here if additional sheets are attached

## ITEM 6: INTERESTS IN REAL PROPERTY HELD, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State held during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	VALUE
JT	94-465 Loaa Street Waipahu, HI 96797	(1) 9-4-055-086	H

☐ Check here if entry is None

☐ Check here if additional sheets are attached

## ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State acquired during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION
	None.		

☒ Check here if entry is None

☐ Check here if additional sheets are attached

## ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State transferred during the disclosure period, if the interest has a value of \$10,000 or more. Real property that was your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION
	None.		

☒ Check here if entry is None

☐ Check here if additional sheets are attached

## ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY
None.	

☒ Check here if entry is None

☐ Check here if additional sheets are attached

## ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
	None.		STATE OF HAWAII STATE ETHICS COMMISSION	06 JAN 10 PT 18

☒ Check here if entry is None

☐ Check here if additional sheets are attached

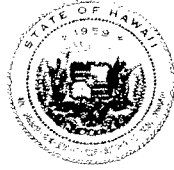
**CERTIFICATION:** I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

*Clarence A. Mochizuki*

1/10/06

SIGNATURE

DATE



The Senate  
State of Hawaii

STATE CAPITOL  
HONOLULU, HAWAII 96813

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STATE OF HAWAII  
STATE ETHICS COMMISSION

July 26, 2006

State Ethics Commission  
1001 Bishop Street, Suite 970  
Honolulu, HI 96813

Dear Sir/Madam:

This is in response to my State Ethics Commission Form regarding my position as Vice Moderator at the Waipahu United Church of Christ.

Please be advised that as Vice Moderator at the Waipahu United Church of Christ, my position is an unpaid position. I am the officer who presides over the church's general assembly whenever the Moderator is unavailable or unable to moderate the assembly.

If further information is needed, please call me at 586-6970.

Sincerely,

A handwritten signature in black ink, reading "Clarence K. Nishihara".

CLARENCE K. NISHIHARA  
State Senator, 18<sup>th</sup> District